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500.43384X00

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020457 7590 09/24/2007

ANTONELLI, TERRY STOUT & KRAUS, LLP
1300 NORTH SEVENTEENTH STREET
SUITE 1800
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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/752.507	01/08/2004	Chiho Fukunari	500.43384X00	5642

TITLE OF INVENTION: METHOD AND SYSTEM FOR JUDGING RELIABILITY OF RESOURCES, AND PROGRAM FOR THE SAME

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1400 1440	\$300	\$0	\$1700 1740	12/24/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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WON, MICHAEL YOUNG

2155

709-224000

1. Change of correspondence address or indication of "Fee Address: (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.
☐ agents OR, alternatively,
☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB-147; Rev 03-02 or more recent) attached. Use of Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys 1 ANTONELLI, TERRY, STOUT & KRAUS, LLP.

Or agents OR, alternatively,
(2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

HITACHI, LTD.

TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order- # of Copies 4

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☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2135.

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Paul J. Skwierawski/

Date: DECEMBER 4, 2007

Typed or printed name Paul J. Skwierawski

Registration No. 32,173

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